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National Cholesterol Education Month — September 2000

High blood cholesterol increases the risk for heart disease, the leading cause of death in the United States. Lowering cholesterol levels will reduce new heart disease events and deaths. To increase awareness of the importance of monitoring cholesterol levels and steps to achieve or maintain healthy levels, the National Cholesterol Education Program (NCEP) is sponsoring National Cholesterol Education Month during September.

NCEP recommends that persons aged ≥20 years have their cholesterol measured at least once every 5 years. A blood cholesterol level <200 mg/dL is considered desirable, a level 200–239 mg/dL is borderline-high, and a level ≥240 mg/dL is high (*1*). Cholesterol levels may be lowered through dietary modification, physical activity, weight control, or drug treatment. Dietary modification is the optimal method for lowering cholesterol (*1*).

During September, CDC-funded state cardiovascular health programs and their partners will highlight programs that raise awareness and understanding about high blood cholesterol as a risk factor for heart disease. Additional information about how cholesterol may affect health and about other risk factors for heart disease is available from the American Heart Association World-Wide Web site at http://www.americanheart.org/cholesterol*, NCEP at http://www.nhlbi.nih.gov/about/ncep/index.htm, and CDC at http://www.cdc.gov/nccdphp/cvd.

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State-Specific Cholesterol Screening Trends — United States, 1991–1999

High blood cholesterol (HBC) increases the risk for heart disease, the leading cause of death in the United States. To reduce the prevalence of HBC in the United States, the National Heart, Lung, and Blood Institute initiated the National Cholesterol Education Program (*1*) in 1985 and recommended that all adults aged ≥20 years have their cholesterol levels checked at least once every 5 years. One of the national health objectives for 2000 was to increase to 75% the proportion of adults aged ≥20 years screened for HBC during the preceding 5 years (objective 15.14) (*2*). This objective was revised for 2010 to recommend that 80% of adults in this age group be screened during the preceding 5 years (*3*). To monitor progress during the 1990s and to determine whether the 2000 objective was attained, data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) were used to examine the state-specific trends in cholesterol screening from 1991 through 1999. This report summarizes the results of this analysis and provides a projected estimate of the 2010 screening rates for HBC in each state. The findings indicate that few states attained the 2000 objective and that more emphasis on cholesterol screening will be needed to attain the 2010 objective.

BRFSS is a random-digit–dialed telephone survey of the noninstitutionalized U.S. population aged ≥18 years. For this study, BRFSS data from 1991, 1993, 1995, 1997, and 1999 were analyzed for 563,742 persons aged ≥20 years from 50 states and the District of Columbia (DC). Survey participants were asked whether they had ever had their blood cholesterol checked and, if so, when they had last had it checked. Persons who reported that they had been screened during the preceding 5 years were classified as having been screened for HBC. Data were weighted to account for the age, race, and sex distribution in each state. SUDAAN 7.0 was used to account for the complex sampling design and to achieve accurate variance estimates.

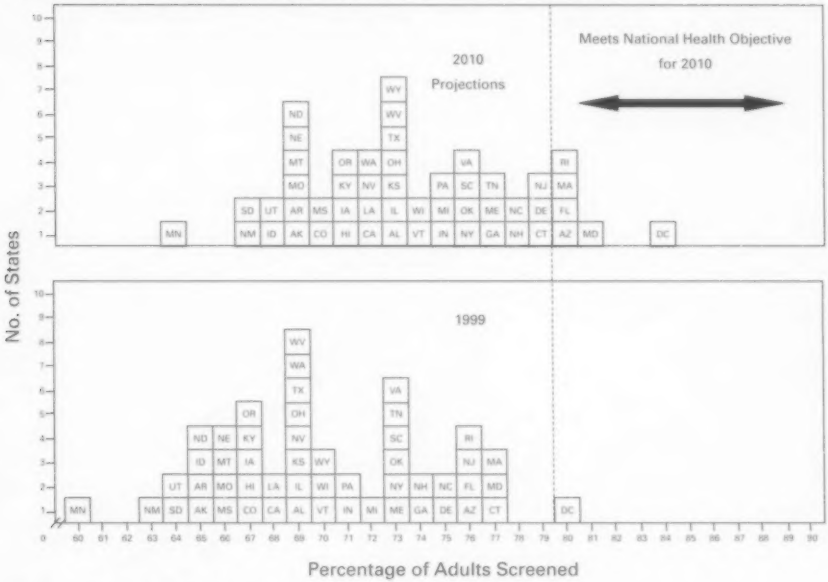
A state-specific method and an aggregate method were used to project the prevalence of cholesterol screening during 2010. The state-specific method was limited to DC and the 47 states that participated in BRFSS from 1991 through 1999; for each state, the 9-year change in the percentage of adults screened for HBC during 1991–1999 was added to that state's 1999 value to project the 2010 screening rate. The aggregate method added the median 9-year change in cholesterol screening among all states combined from 1991 through 1999 to the state-specific 1999 cholesterol screening value for each of the 50 states and DC.

In the 47 states and DC that participated in BRFSS from 1991 through 1999, the proportion of adults screened for HBC increased from 67.3% in 1991 to 70.8% in 1999 (Table 1). The estimated state-specific cholesterol screening rate increased for DC and 40 states, ranging from a 0.4% increase in Idaho to an 11.6% increase in Arizona (median: 3.6%). For seven states, the screening rate declined during 1991–1999. DC (80%) and nine states (Arizona [76%], Connecticut [76%], Delaware [75%], Florida [76%], Maryland [77%], Massachusetts [77%], New Jersey [76%], North Carolina [75%], and Rhode Island [76%]) attained the 2000 objective in 1999.

On the basis of state-specific increases, the projected 2010 screening rates ranged from 51.5% (Minnesota) to 91.7% (DC), and projected screening rates for seven states and DC were greater than the 2010 objective of 80%. On the basis of a median increase of 3.6%, the projected screening rates ranged from 64.0% (Minnesota) to 84.0% (DC), and projected screening rates for five states and DC are greater than the 2010 objective (Figure 1).

Cholesterol Screening Trends — Continued

FIGURE 1. State-specific cholesterol screening rates for persons aged ≥20 years for 1999* and projected screening rates for 2010† — United States§



*Data are from the Behavioral Risk Factor Surveillance System.
† Projections assume a 3.6% increase in screening from 2000 through 2010.
§ 50 states and the District of Columbia.

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Editorial Note: The findings in this report indicate that the overall percentage of U.S. adults who received cholesterol screening during the 5 years preceding the survey increased during the 1990s. However, these increases were moderate, and most states did not attain the 2000 health objective.

TABLE 1. State-specific changes in the percentage of adults who have had their cholesterol checked within the preceding 5 years — Behavioral Risk Factor Surveillance System, United States, 1991–1999

State	1991*	1993†	1995§	1997¶	1999**	% Change in screening rate, 1991–1999††	Projected 2010 screening rate based on 1991–1999 state-specific increase§§	Projected 2010 screening rate based on a 3.6% median increase¶¶
Alabama	66.8	64.9	65.3	70.3	69.1	2.3***	71.4	72.7
Alaska	59.6	64.9	63.2	62.4	65.5	5.9***	71.4	69.1
Arizona	64.7	69.0	69.2	69.0	76.3	11.6***	87.9	79.9
Arkansas	61.1	63.5	63.5	59.0	65.4	4.3***	69.7	69.0
California	65.8	68.9	65.9	67.0	68.3	2.5***	70.8	71.9
Colorado	66.0	66.5	68.1	70.4	66.8	0.8***	67.6	70.4
Connecticut	74.2	73.5	72.8	73.5	75.6	1.4***	77.0	79.2
Delaware	65.5	67.7	69.6	69.8	74.9	9.4***	84.3	78.5
District of Columbia	69.1	65.8	NA†††	79.3	80.4	11.3***	91.7	84.0
Florida	73.3	72.1	73.9	75.5	76.1	2.8***	78.9	79.7
Georgia	65.2	66.4	70.2	72.3	73.5	8.3***	81.8	77.1
Hawaii	66.4	70.8	69.6	69.6	67.4	1.0***	68.4	71.0
Idaho	64.2	65.8	66.6	65.2	64.6	0.4	65.0	68.2
Illinois	65.2	65.3	67.5	67.8	68.9	3.7***	72.6	72.5
Indiana	63.0	63.7	64.9	66.3	70.9	7.9***	78.8	74.5
Iowa	69.0	70.7	67.9	67.0	67.3	-1.7***	65.6	70.9
Kansas	NA	66.4	67.7	55.1	69.2	NA	NA	72.8
Kentucky	61.1	64.3	64.4	66.4	67.2	6.1***	73.3	70.8
Louisiana	63.7	65.6	66.4	67.0	68.4	4.7***	73.1	72.0
Maine	67.2	69.1	65.7	71.7	73.4	6.2***	79.6	77.0
Maryland	68.3	72.5	73.4	74.7	77.2	8.9***	86.1	80.8
Massachusetts	70.9	76.6	76.2	74.5	76.8	5.9***	82.7	80.4
Michigan	69.9	71.5	71.1	72.2	71.7	1.8***	73.5	75.3
Minnesota	69.3	69.6	62.7	61.6	60.4	-8.9***	51.5	64.0
Mississippi	60.9	60.9	58.7	62.9	66.1	5.2***	71.3	69.7
Missouri	67.0	67.3	65.7	70.2	65.8	-1.2***	64.6	69.4
Montana	60.7	66.0	65.1	63.0	65.8	5.1***	70.9	69.4
Nebraska	63.6	64.2	62.0	65.7	65.6	2.0***	67.6	69.2
Nevada	NA	63.0	67.0	68.9	68.8	NA	NA	72.4
New Hampshire	72.4	72.0	73.5	73.3	74.3	1.9***	76.2	77.9
New Jersey	74.1	72.2	73.5	75.9	75.8	1.7***	77.5	79.4
New Mexico	60.6	61.8	64.4	64.0	62.9	2.3***	65.2	66.5

New York	68.7	68.5	72.8	72.9	72.6	3.9***	76.5	76.2
North Carolina	68.5	69.3	68.7	71.5	74.8	6.3***	81.1	78.4
North Dakota	66.7	68.1	66.7	64.7	65.3	-1.4***	63.9	68.9
Ohio	66.6	63.5	63.1	67.3	69.3	2.7***	72.0	72.9
Oklahoma	67.5	65.7	67.5	74.2	72.5	5.0***	77.5	76.1
Oregon	67.6	68.7	68.6	68.8	67.3	-0.3***	67.0	70.9
Pennsylvania	67.2	69.1	69.1	68.5	71.3	4.1***	75.4	74.9
Rhode Island	71.9	74.1	75.0	74.5	76.0	4.1***	80.1	79.6
South Carolina	68.1	69.5	71.2	73.0	72.5	4.4***	76.9	76.1
South Dakota	66.5	64.5	65.6	63.6	63.7	-2.8***	60.9	67.3
Tennessee	67.5	67.9	69.1	70.8	73.1	5.6***	78.7	76.7
Texas	62.9	68.2	70.1	67.8	69.4	6.5***	75.9	73.0
Utah	60.8	62.3	64.4	66.9	64.4	3.6***	68.0	68.0
Vermont	68.9	71.6	69.3	68.7	70.2	1.3***	71.5	73.8
Virginia	69.8	71.2	73.4	72.9	72.7	2.9***	75.6	76.3
Washington	70.7	71.1	70.7	70.7	68.7	-2.0***	66.7	72.3
West Virginia	65.1	63.7	67.5	68.0	69.0	3.9***	72.9	72.6
Wisconsin	68.3	67.1	68.9	71.0	70.4	2.1***	72.5	74.0
Wyoming	NA	NA	65.5	70.6	69.5	NA	NA	73.1
Year 2000§§§	0	1	2	6	10	—	21/48	21/51
Year 2010¶¶¶	0	0	0	0	1	—	8/48	6/51

* Sample sizes for individual states range from 1092 to 3296 adults aged ≥20 years in 1991.
† Sample sizes for individual states range from 1212 to 4084 adults aged ≥20 years in 1993.
§ Sample sizes for individual states range from 1137 to 4881 adults aged ≥20 years in 1995.
¶ Sample sizes for individual states range from 1375 to 4632 adults aged ≥20 years in 1997.
** Sample sizes for individual states range from 1177 to 7114 adults aged ≥20 years in 1999.
†† 1999 percentage minus 1991 percentage.
§§ Limited to the 47 states and the District of Columbia that collected cholesterol screening information from 1991 through 1999.
¶¶ Aggregate increase is based on data from 47 states and the District of Columbia that collected cholesterol screening information from 1991 through 1999.
*** Statistically significant increase or decrease from 1991 through 1999; $p<0.05$.
††† Not available.
§§§ Number of states with a value that meets the 2000 national health objective for cholesterol screening.
¶¶¶ Number of states with a value that meets the 2010 national health objective for cholesterol screening.

Cholesterol Screening Trends — Continued

Data from the 1988–1991 BRFSS projected that 31 of 47 states (Kansas, Nevada, and Wyoming were excluded) and DC would have cholesterol screening rates greater than the 2000 objective (*4*). However, this report indicates that nine of 50 states and DC attained a cholesterol screening rate of ≥75% in 1999. In addition, 14 states had at least a 10% difference between the 2010 objective of 80% and the 2010 projected screening rates using the state-specific method. This finding suggests that these states will need to substantially increase cholesterol screening rates to attain the 2010 objective.

The trend of decreasing cholesterol screening rates in seven states is of particular concern. In the 1988–1991 BRFSS analysis (*4*), all states had increases in cholesterol screening rates. Changes in the sampling frame or weighting protocol within a state during the 9 years may have contributed to the decline. However, response rates did not appear to explain the decreases, and changes in the questionnaire would be expected to affect all states rather than a select few. Other factors that may be associated with declining cholesterol screening rates within a community include lower perception of the risk for heart disease and the protective effect of reducing cholesterol levels, lack of availability of quality health care, and fewer socioeconomic resources (*5*).

The nine states that achieved the 2000 objective in 1999 and Arizona, Massachusetts, and North Carolina participate in CDC's WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) demonstration program, which provides cholesterol screening and other services to some participants in the National Breast and Cervical Cancer Early Detection program (*6*). In addition, several local health departments in Connecticut conducted cholesterol screening during the 1990s under block grant funding, and four Healthy Heart program initiatives were funded in New Jersey during 1990–1996 (M. Adams, Connecticut, G. Boeselager, New Jersey, BRFSS coordinators, personal communication, 2000).

The findings in this report are subject to at least two limitations. First, because BRFSS is telephone-based, persons of low socioeconomic status are less likely to have a telephone and may not have been included. Second, data are self-reported. As a result, some participants may not have been aware they were screened for elevated cholesterol.

HBC is a major modifiable risk factor for heart disease. A 10% decrease in cholesterol levels may result in an estimated 30% reduction in the incidence of coronary heart disease (*7*). Cholesterol screening is an important step in reducing the prevalence of elevated cholesterol levels and serves several purposes including 1) assessing persons with heart disease risk; 2) identifying persons who may achieve lower cholesterol levels through dietary modification, physical activity, weight control, or drug treatment; and 3) heightening public awareness and reinforcing educational messages (*8*). Substantial progress has been made in lowering cholesterol levels since the mid-1980s (*1*); however, the findings of this report suggest that increased emphasis on cholesterol screening is necessary if states are to achieve the 2010 objective.

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Cholesterol Screening Trends — Continued

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Trends in Cigarette Smoking Among High School Students — United States, 1991–1999

One of the 10 Leading Health Indicators that reflect the major health concerns in the United States is cigarette smoking among adolescents (*1*). To examine changes in cigarette smoking among high school students in the United States from 1991 to 1999, CDC analyzed data from the national Youth Risk Behavior Survey (YRBS). This report summarizes the results of the analysis and indicates that current smoking among U.S. high school students increased significantly from 27.5% in 1991 to 34.8% in 1999; however, the analysis also suggested that, later in the decade, current smoking may have leveled or possibly begun to decline.

YRBS measures the prevalence of health risk behaviors among adolescents through representative biennial national, state, and local surveys. The 1991, 1993, 1995, 1997, and 1999 national surveys used independent, three-stage cluster samples to obtain cross-sectional data representative of students in grades 9 through 12 in the 50 states and the District of Columbia. In 1991, 1993, 1995, 1997, and 1999, the respective sample sizes were 12,272, 16,296, 10,904, 16,262, and 15,349; school response rates were 75%, 78%, 70%, 79%, and 77%; student response rates were 90%, 90%, 86%, 87%, and 86%; and overall response rates were 68%, 70%, 60%, 69%, and 66%.

For each cross-sectional survey, students completed an anonymous, self-administered questionnaire that included identically worded questions about cigarette smoking. Lifetime smoking was defined as having ever smoked cigarettes, even one or two puffs. Current smoking was defined as smoking on ≥1 of the 30 days preceding the survey. Frequent smoking was defined as smoking on ≥20 of the 30 days preceding the survey. Data are presented only for non-Hispanic black, non-Hispanic white, and Hispanic students because the numbers of students from other racial/ethnic groups were too small for meaningful analysis.

Data were weighted to provide national estimates. SUDAAN was used for all data analysis. Secular trends were analyzed using logistic regression analyses that controlled for sex, race/ethnicity, and grade and that simultaneously assessed linear and quadratic time effects. Quadratic trends suggest a significant but nonlinear trend in the data over time. When a significant quadratic trend accompanies a significant linear trend, the data demonstrate some nonlinear variation (e.g., leveling or change in direction) in addition to a linear trend.

The prevalence of lifetime smoking remained stable from 1991 to 1999 among high school students overall and among all sex, racial/ethnic, and grade subgroups except 10th-grade students. In 1999, 70.4% (95% confidence interval [CI]=±3.0) of all students

High School Smoking Trends — Continued

reported lifetime smoking. Among 10th-grade students, lifetime smoking showed a significant linear trend from 1991 (68.3% [95% CI=±3.3]) to 1999 (73.9% [95% CI=±4.1]).

From 1991 to 1999, current smoking exhibited a significant linear trend among students overall and among all sex, racial/ethnic, and grade subgroups (Table 1). The overall prevalence of current smoking was 27.5% in 1991 and 34.8% in 1999. A simultaneous quadratic trend was identified for students overall, suggesting a leveling or possible decline in current smoking. The male, black, black male, and 9th-grade student subgroups also showed this simultaneous quadratic trend.

Each year, white students were significantly more likely than Hispanic students, who were significantly more likely than black students, to report current smoking (except in 1995 when white and Hispanic students were equally likely to report current smoking, but both were significantly more likely than black students to report this behavior). In 1991, white students were 2.5 times more likely than black students and 1.2 times more likely than Hispanic students to report current smoking. In 1999, white students were 2.0 times more likely than black students and 1.2 times more likely than Hispanic students to report current smoking.

The prevalence of frequent smoking showed a significant linear trend from 1991 to 1999 among students overall and in all sex, racial/ethnic, and grade subgroups, except for Hispanic female students. The overall prevalence of frequent smoking was 12.7%

TABLE 1. Percentage of high school students who reported current cigarette smoking,* by sex, race/ethnicity, and grade — Youth Risk Behavior Survey, United States, 1991–1999†

Characteristic	1991 % (95% CI§)	1993 % (95% CI)	1995 % (95% CI)	1997 % (95% CI)	1999 % (95% CI)
Sex					
Female	27.3 (±3.4)	31.2 (±2.1)	34.3 (±3.2)	34.7 (±2.8)	34.9 (±2.6)¶
Male	27.6 (±3.1)	29.8 (±2.3)	35.4 (±2.4)	37.7 (±2.7)	34.7 (±3.0)¶**
Race/Ethnicity††					
White	30.9 (±3.3)	33.7 (±2.2)	38.3 (±2.7)	39.7 (±2.4)	38.6 (±3.2)¶
Female	31.7 (±4.6)	35.3 (±2.6)	39.8 (±3.5)	39.9 (±3.2)	39.1 (±3.5)¶
Male	30.2 (±3.8)	32.2 (±2.7)	37.0 (±3.3)	39.6 (±3.8)	38.2 (±3.7)¶
Black	12.6 (±2.5)	15.4 (±2.5)	19.2 (±3.2)	22.7 (±3.8)	19.7 (±4.1)¶**
Female	11.3 (±2.3)	14.4 (±2.7)	12.2 (±3.1)	17.4 (±3.9)	17.7 (±3.5)¶
Male	14.1 (±4.5)	16.3 (±4.2)	27.8 (±5.5)	28.2 (±5.5)	21.8 (±7.1)¶**
Hispanic	25.3 (±2.8)	28.7 (±2.9)	34.0 (±5.3)	34.0 (±2.7)	32.7 (±3.8)¶
Female	22.9 (±3.8)	27.3 (±3.9)	32.9 (±5.6)	32.2 (±3.7)	31.5 (±4.6)¶
Male	27.9 (±3.6)	30.2 (±3.4)	34.9 (±8.7)	35.5 (±3.6)	34.0 (±4.5)¶
Grade					
9	23.2 (±3.8)	27.8 (±2.4)	31.2 (±1.6)	33.4 (±5.1)	27.6 (±4.0)¶**
10	25.2 (±2.7)	28.0 (±3.3)	33.1 (±3.8)	35.3 (±4.1)	34.7 (±2.5)¶
11	31.6 (±3.8)	31.1 (±3.2)	35.9 (±3.8)	36.6 (±3.6)	36.0 (±3.0)¶
12	30.1 (±4.4)	34.5 (±3.8)	33.2 (±3.6)	39.6 (±4.9)	42.8 (±5.5)¶
Total	**27.5 (±2.7)**	**30.5 (±1.9)**	**34.8 (±2.2)**	**36.4 (±2.3)**	**34.8 (±2.5)¶****

* Smoked cigarettes on ≥1 of the 30 days preceding the survey.
† Linear and quadratic trend analyses were conducted using a logistic regression model controlling for sex, race/ethnicity, and grade. Prevalence estimates were not standardized by demographic variables.
§ Confidence intervals.
¶ Significant linear effect ($p<0.05$).
** Significant quadratic effect ($p<0.05$).
†† Numbers for racial/ethnic groups other than black, white, and Hispanic were too small for meaningful analysis.

High School Smoking Trends — Continued

(95% CI=±2.2) in 1991 and 16.8% (95% CI=±2.5) in 1999. Among Hispanic female students, the prevalence of frequent smoking remained stable from 1991 to 1999. For each of the five surveys, white students were significantly more likely than black and Hispanic students to report this behavior.

Reported by: Office on Smoking and Health, and Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Despite a leveling or possible decline in current smoking among youth overall during the late 1990s, this trend may have been limited to selected groups (i.e., male, black, black male, and 9th-grade students). In addition, frequent smoking rates overall and in all sex, racial/ethnic, and grade subgroups (except Hispanic females) were significantly higher in 1999 than in 1991 and showed no pattern of leveling or declining.

Additional research is needed to understand how current smoking rates and secular changes in these rates vary among racial/ethnic groups. For example, throughout the decade, YRBS and other national surveys found that black high school students smoked at lower rates than white and Hispanic high school students (*2,3*); however, the 1999 National Youth Tobacco Survey (*2*) reported that current smoking rates among black middle school students were similar to rates among white and Hispanic middle school students.

Among grade subgroups, data for 9th-grade students suggested a leveling or possible decline in current smoking. Current smoking among 12th-grade students continued to rise each year. A previous study suggested that current smoking peaked among 10th and 12th-grade students in 1996 and 1997, respectively (*3*). It is unclear whether future YRBS data will show a delayed peak among 10th and 12th-grade students.

The findings in this report are subject to at least three limitations. First, these data apply only to adolescents who attend high school. In 1998, 5% of persons aged 16–17 years were not enrolled in a high school program and had not completed high school (*4*). Second, the extent of underreporting or overreporting in YRBS cannot be determined, although the survey questions demonstrate good test-retest reliability (*5*). Finally, using only five data points makes it possible to characterize trends over the decade but difficult to accurately characterize the direction current smoking will take during the next decade.

Reducing the prevalence of current smoking among adolescents to 16% is one of the goals of the Leading Health Indicators. Achieving this goal by 2010 will require a 54% reduction in current smoking among adolescents nationwide. Data from Florida, where comprehensive tobacco-control programs have been initiated, suggest such declines are possible. From 1998 to 2000 in Florida, current smoking declined 40% among middle school students and 18% among high school students (*6*).

CDC recommends that communities fully implement its "Best Practices for Comprehensive Tobacco Control Programs" by establishing comprehensive, sustainable, and accountable tobacco-control programs (*7*). In addition, communities should follow CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction," which recommend implementing school-based tobacco-use prevention programs in grades K–12 with intensive instruction in grades 6–8 and supporting cessation efforts for nicotine-dependant students (*8,9*). Finally, comprehensive tobacco-control programs also should reduce the appeal of tobacco products, implement mass media campaigns, increase tobacco excise taxes, implement policy and regulation of tobacco products, and reduce youth access to tobacco products (*10*).

High School Smoking Trends — Continued

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Progress Toward Poliomyelitis Eradication — Pakistan, 1999–June 2000

In 1988, the World Health Assembly resolved to eradicate poliomyelitis globally by the end of 2000 (*1*). Although polio remains endemic in Pakistan, which reported 60% of all polio cases in the World Health Organization's (WHO) Eastern Mediterranean Region during 1999, substantial progress has been made, particularly in acute flaccid paralysis (AFP) surveillance (*2*). This report summarizes progress toward polio eradication in Pakistan.

Routine Vaccination Coverage

During 1990–1999, reported coverage estimates of children aged 0–11 months with ≥3 doses of oral poliovirus vaccine (OPV3) ranged from 57%–83% (*3*); however, surveys in 1998 and 1999 reported <60% coverage. In 1999, coverage by province ranged from 27% in Balochistan to 62% in Punjab, and during January–March 2000, surveys conducted in 20 Pakistan districts indicated OPV3 coverage of 19%–82% (median: 43%).

Poliomyelitis Eradication — Continued

Supplemental Vaccination Activities

Eradication activities in Pakistan began in 1994 with National Immunization Days* (NIDs), followed by two rounds of NIDs per year. In the 1999 NIDs, approximately 26 million children aged <5 years were vaccinated (Table 1). Coverage with ≥1 dose of OPV ranged from 72% to 99% (median: 93%) among the districts. During the second round, vitamin A was administered to 22.5 million children aged 6–59 months.

In 1998, Pakistan implemented Subnational Immunization Days† (SNIDs) in districts bordering Afghanistan and Iran to coincide with NIDs in those countries. In 1999, a supplemental campaign was conducted coinciding with NIDs in Afghanistan and included 40% of the children aged <5 years in Pakistan. As a result of door-to-door vaccination in both campaigns, 7%–15% more children were vaccinated than during fixed site NIDs. The greatest increase in vaccination occurred in Sindh Province (Table 1), followed by a significant decline in the number of wild poliovirus isolates in Sindh Province (Figure 1).

Because of increased coverage and a decline in the number of wild poliovirus isolates, door-to-door vaccination was adopted for all campaigns in 2000. During March–June, Pakistan conducted a two-round supplemental campaign covering the entire country in four phases. Monitoring was more intensive than in previous campaigns, and reports from the first round indicate that coverage has increased in most areas (Table 1). Another nationwide door-to-door campaign is planned for October–November 2000.

AFP Surveillance

AFP surveillance began in Pakistan in 1995 but was not fully functional until 1998. In 1999 and early 2000, provincial surveillance officers were hired by WHO to provide continuous training and technical assistance to staff in all provinces. Stop Transmission of Polio (STOP) teams (i.e., groups of international health professionals) have been deployed in 3-month rotations to assist ministry of health staff with polio eradication activities and to improve surveillance quality.

A nonpolio AFP rate of ≥1 per 100,000 children aged <15 years is the measure of a sensitive AFP surveillance system. During 1997 and 1998, the nonpolio AFP rates were 0.72 and 0.68 per 100,000 children aged <15 years, respectively (*3*). In 1999, Pakistan exceeded the WHO-established target of 1.0 with a rate of 1.27 (Table 2). Among the 1329 AFP cases reported in 1999, 921 (69%) had two adequate stool specimens (i.e., two stool samples collected at least 24 hours apart and within 14 days of paralysis onset), and 1093 (82%) cases were followed-up at 60 days after onset to check for residual paralysis. During January–June 2000, the nonpolio AFP rate was 1.8 with 78% adequate stool specimen collection.

Until 2000, the WHO clinical classification scheme for reporting polio cases was used in Pakistan. In 1999, 561 AFP cases were classified as confirmed polio. Of the 561 confirmed cases, 328 had wild poliovirus isolated from stool specimens; 265 were poliovirus type 1 (P1) and 63 were poliovirus type 3 (P3). Effective January 2000, the classification scheme was changed to a system in which cases with wild poliovirus isolated are classified as confirmed, and those without adequate specimens but with signs and symptoms

*Mass campaigns over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group, regardless of vaccination history, with an interval of 4–6 weeks between doses.

†Focal mass campaigns in high-risk areas over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group, regardless of vaccination history, with an interval of 4–6 weeks between doses.

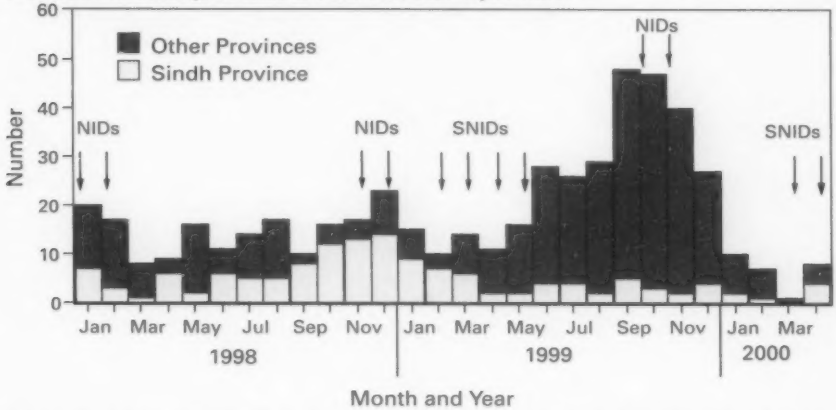
TABLE 1. Number of children aged 0–59 months receiving oral poliovirus vaccine during National Immunization Days (NIDs)* and Subnational Immunization Days (SNIDs)†, by province — Pakistan, 1999–2000

	1998 NIDs		1999 SNIDs		1999 NIDs		2000 SNIDs
Province	Round 1 (December 1998)	Round 2 (January 1999)	Round 1 (March–June 1999)	Round 2 (March–June 1999)	Round 1 (October 1999)	Round 2 (November 1999)	Round 1 (March)
Punjab	13,698,425	13,898,518	—	—	13,194,109	13,442,928	13,310,412
Sindh	6,334,332	6,290,731	6,976,425	7,244,791	6,679,265	6,927,122	7,599,542
NWFP/FATA§	3,819,742	3,864,374	3,684,803¶	3,960,150¶	4,719,464	4,593,895	5,041,414
Balochistan	1,229,507	1,302,092	1,393,224	1,456,450	1,322,498	1,372,472	1,533,859
AJK/FANA**	632,102	643,903	—	—	672,376	674,187	519,263
ICT/CDA††	131,820	142,264	—	—	120,483	125,596	—
Total	**25,845,928**	**26,141,882**	**12,054,452**	**12,661,391**	**26,708,195**	**27,136,200**	**28,004,490**

* Mass campaigns over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group, regardless of vaccination history, with an interval of 4–6 weeks between doses.
† Focal mass campaigns in high-risk areas over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group, regardless of vaccination history, with an interval of 4–6 weeks between doses.
§ North West Frontier Province/Federally Administered Tribal Area.
¶ Includes 22 of 28 districts.
** Azad Jammu and Kashmir/Federally Administered Northern Area.
†† Islamabad Capital Territory/Capital Development Authority.

Poliomyelitis Eradication — Continued

FIGURE 1. Number of wild poliovirus isolates and rounds of National Immunization Days* (NIDs) and Subnational Immunization Days† (SNIDs), by month and year — Sindh Province and other provinces in Pakistan, 1998–April 2000



* Mass campaigns over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group, regardless of vaccination history, with an interval of 4–6 weeks between doses.
† Focal mass campaigns in high-risk areas over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group, regardless of vaccination history, with an interval of 4–6 weeks between doses.

TABLE 2. Indicators of quality for acute flaccid paralysis (AFP) surveillance — Pakistan,1997–June 2000

Indicator	1997	1998	1999	2000	Target
Nonpolio AFP cases per 100,000 children aged <15 years	0.72	0.68	1.27	1.77	1.00
Proportion of AFP cases with adequate stool collection	0.43	0.61	0.69	0.78	0.80
Proportion of AFP cases with 60-day follow-up completed	0.67	0.87	0.82	0.4*	0.80

*2000 data are incomplete.

consistent with polio are classified as compatible. Cases with inadequate specimens are classified by a review committee of provincial medical experts.

Impact of Eradication Activities

The number of reported cases of polio increased 64% from 1998 to 1999 and the nonpolio AFP rate increased from 0.68 to 1.27. P1 and P3 poliovirus remained widespread throughout Pakistan, and isolates were similar genetically to those previously isolated in Pakistan and Afghanistan (CDC, unpublished data, 1999). Poliovirus type 2 has not been isolated in Pakistan since April 1997. During January–April 2000, 28 cases (18 of P1 and 10 of P3) from four provinces had wild poliovirus isolated compared with 54 during January–April 1999.

Poliomyelitis Eradication — Continued

Reported by: National Institutes of Health, Islamabad, Pakistan. Expanded Programme on Immunization, Eastern Mediterranean Region, World Health Organization, Alexandria, Egypt. Dept of Vaccines and Biologicals, World Health Organization, Geneva, Switzerland. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine-Preventable Disease Eradication Div, National Immunization Program, CDC.

Editorial Note: A meeting in Pakistan of the Interagency Coordination Committee[§] in February 2000, identified several issues that may contribute to the large number of susceptible children not being reached by routine vaccination coverage and supplemental campaigns in Pakistan. Nomads, the economically disadvantaged, and displaced persons, such as Afghan refugees, are particularly difficult to reach and are often a source of new polio cases. Also, conflict in adjacent Afghanistan affects eradication efforts in Pakistan.

Tentative plans for 2001 include three rounds of door-to-door vaccination starting in January followed by another two rounds in the fall. Increased cross-border coordination of vaccination campaigns is planned and should provide improved coverage to mobile populations. The Ministry of Health has set a goal to expand access to vaccination services and to increase routine coverage to 80% by 2002, and AFP surveillance data will be used to target areas inadequately covered by mass campaigns. Thorough follow-up case investigations will be performed and areas with multiple AFP cases, low vaccination coverage, or wild poliovirus isolates will undergo additional vaccination rounds. With this level of activity and intensification, the interruption of wild poliovirus transmission appears feasible in Pakistan in 2001.

References

1. World Health Assembly. Global eradication of poliomyelitis by the year 2000: resolution of the 41st World Health Assembly. Geneva, Switzerland: World Health Organization, 1988 (resolution WHA 41.28).
2. CDC. Progress toward poliomyelitis eradication—Eastern Mediterranean Region, 1998–October 1999. MMWR 1999;48:1057–71.
3. CDC. Progress toward poliomyelitis eradication—Pakistan, 1994–1998. MMWR 1999;48:121–6.

[§]Participants included regional directors of United Nations Children's Fund (UNICEF) and WHO, Pakistan government officials, and representatives of several partner agencies (Rotary International, CDC, USAID, the governments of Australia, Canada, Italy, and Japan, the Asian Development Bank, and the World Bank).

Erratum: Vol. 47, No. 50

A review of data from the HIV Testing Survey (HITS) has identified errors in some of the findings included in the article, "HIV Testing Among Populations at Risk for HIV Infection — Nine States, November 1995–December 1996" (*1*). The report described the results of an anonymous survey of populations at risk for human immunodeficiency virus (HIV) infection from nine states to examine why members of these populations may delay HIV testing or decide not to be tested. Specifically, the analysis sought to assess whether name-based HIV reporting was a deterrent to persons seeking to be tested for HIV infection.

Further analysis comparing states and interviewers necessitated the exclusion of invalid data (*2*). This exclusion reduced aggregate total respondents from 2366 to 2207. The revised tables follow. The revised analysis indicated that persons who resided in states with name-based HIV surveillance were *not* significantly more likely to report concern about having their name reported to the government as a factor for not testing than were persons who resided in states without name-based HIV surveillance. The

Erratum — Continued

other conclusions published in the original report have not changed. CDC continues to recommend that states monitor the potential impact of HIV case surveillance on HIV test seeking and test acceptance behavior (*3*).

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1. CDC. HIV testing among populations at risk for HIV infection—nine states, November 1995–December 1996. MMWR 1998;47:1086–91.
2. Hecht FM, Chesney M, Lehman JS, et al. Does HIV reporting by name deter testing? AIDS 2000;14:1801–8.
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TABLE 1. Percentage of untested respondents reporting factors* for not testing for HIV, and percentage of tested respondents reporting factors* for delaying testing, by HIV risk factor — HIV Testing Survey, December 1995–November 1996

	Men who have sex with men		Heterosexual		Injecting-drug user		Total†	
Testing status/Factor	A factor	Main factor	A factor	Main factor	A factor	Main factor	A factor	Main factor
Not testing§	(n=115)		(n=230)		(n=136)		(n=481)	
Afraid to find out	58	29	43	23	51	30	49	27
Unlikely to have been exposed	50	13	48	22	25	7	42	16
Thought they were HIV negative	57	19	48	14	33	6	46	13
Didn't want to think about being positive	52	7	43	7	54	10	48	8
Could do little if HIV positive	40	7	20	3	40	7	31	5
Didn't have time	14	3	23	5	20	5	20	5
Unsure where to go	17	3	24	4	32	6	25	4
Worried name would be reported	18	3	13	1	18	1	16	2
Test costs too much	4	2	6	<1	17	3	9	2
People might think you have AIDS	18	2	11	<1	18	4	15	2
Delaying testing¶	(n=568)		(n=526)		(n=632)		(n=1726)	
Afraid to find out	53	26	39	20	47	24	46	24
Thought they were HIV negative	41	9	45	13	36	9	41	10
Unlikely to have been exposed	30	9	35	15	25	6	30	10
Didn't want to think about being positive	49	8	42	7	49	10	47	8
Didn't have time	17	5	17	6	18	5	17	5
Could do little if HIV positive	22	2	18	3	31	6	24	4
Waiting for results would be hard	39	7	22	2	28	3	30	4
Afraid of needle used to draw blood	15	4	16	4	7	<1	13	3
Worried name would be reported	21	3	11	<1	18	3	17	2
Worried about who would learn results	24	3	15	1	19	1	20	2

*Data presented for the 10 most frequently cited factors of 17 listed in the survey. Includes data from Arizona, Colorado, Maryland, Missouri, New Mexico, North Carolina, Oregon, and Texas.
† The totals are based on unweighted data from all participants included in this analysis; data do not represent the general population or a weighted average of populations at increased risk for HIV infection.
§ Main factors do not sum to 100% because 10 of 17 factors are presented and 54 (11%) of 481 untested respondents cited no main factors for not testing.
¶ Main factors do not sum to 100% because 10 of 17 factors are presented and 343 (20%) of 1726 tested respondents cited no main factors for delaying testing.

Erratum — Continued

TABLE 2. Frequency of concern about having one's name reported to the government as a factor for not testing for HIV infection, by state HIV reporting policy — HIV Testing Survey,* December 1995–November 1996

Characteristics	Named No.	Named (%)	Non-named† No.	Non-named† (%)	p value§
Men who have sex with men	71		44		
A factor	16	(22)	5	(11)	0.1
Main factor	1	(1)	3	(7)	0.2
Heterosexual	138		92		
A factor	17	(12)	14	(16)	0.6
Main factor	2	(2)	1	(1)	1
Injecting-drug user	66		70		
A factor	14	(21)	10	(14)	0.4
Main factor	2	(3)	0	(0)	0.2
Total¶	**275**		**206**		
A factor	**47**	**(17)**	**29**	**(14)**	**0.4**
Main factor	**5**	**(2)**	**4**	**(2)**	**1**

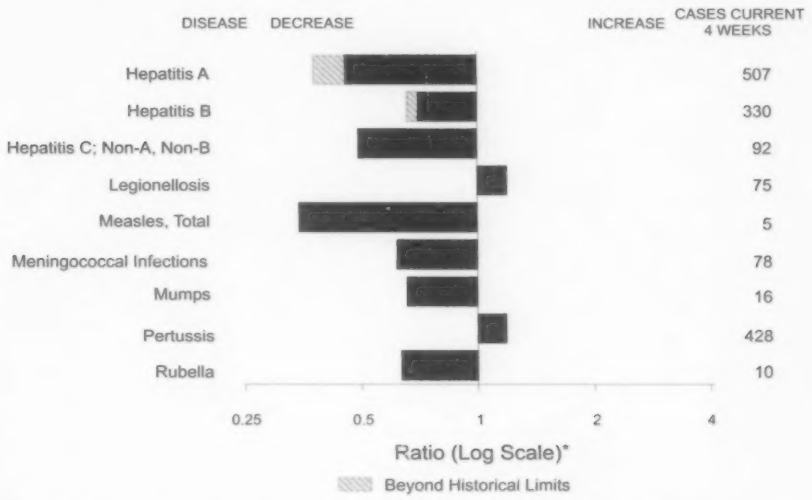
*Name-based HIV case surveillance was conducted in Arizona, Colorado, Missouri, and North Carolina (patient names are not reported to CDC); unique identifier (UI)-based HIV case surveillance was conducted in Maryland and Texas; neither name-based nor UI-based HIV case surveillance was conducted in New Mexico and Oregon during the study period.

† UI-based reporting was implemented during the year preceding the study in Maryland and Texas; 67% of tested respondents in these states had been tested at least once before this policy change. Because of the state reporting policy changes and to avoid small cell sizes in the analysis restricted to the minority of respondents who had never been tested, UI-based reporting and nonreporting states were combined in the non-named reporting category.

§ Fisher's exact test.

¶ The totals are based on unweighted data from all participants included in this analysis; data do not represent the general population or a weighted average of populations at increased risk for HIV infection.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 19, 2000, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending August 19, 2000 (33rd Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric*†	127
Brucellosis*	37	Plague	5
Cholera	-	Poliomyelitis, paralytic	-
Congenital rubella syndrome	5	Psittacosis*	8
Cyclosporiasis*	25	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	244
Encephalitis: California serogroup viral*	22	Streptococcal disease, invasive, group A	1,937
eastern equine*	-	Streptococcal toxic-shock syndrome*	61
St. Louis*	-	Syphilis, congenital§	36
western equine*	-	Tetanus	17
Ehrlichiosis human granulocytic (HGE)*	105	Toxic-shock syndrome	103
human monocytic (HME)*	38	Trichinosis	4
Hansen disease (leprosy)*	40	Typhoid fever	202
Hantavirus pulmonary syndrome*†	17	Yellow fever	-
Hemolytic uremic syndrome, postdiarrheal*	85		

-: No reported cases.
*Not notifiable in all states.
†Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
‡Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update July 30, 2000.
§Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	23,669	27,950	396,151	416,568	941	1,292	2,268	1,606	1,450	1,495
NEW ENGLAND	1,335	1,443	13,710	13,461	49	88	231	232	211	234
Maine	20	44	887	710	12	17	17	18	19	-
N.H.	22	33	632	616	9	8	22	22	21	23
Vt.	11	6	340	304	16	16	24	20	22	12
Mass.	852	987	6,184	5,743	10	40	101	107	89	115
R.I.	55	70	1,526	1,467	2	-	11	18	10	20
Conn.	375	303	4,141	4,621	-	7	56	47	50	64
MID. ATLANTIC	5,487	7,185	33,498	42,692	86	242	218	126	106	68
Upstate N.Y.	572	889	N	N	55	76	162	80	38	-
N.Y. City	2,971	3,733	14,030	17,901	8	138	7	12	7	13
N.J.	1,116	1,364	4,936	7,766	3	17	49	34	31	46
Pa.	828	1,199	14,532	17,025	20	11	N	N	30	9
E.N. CENTRAL	2,282	1,794	64,134	69,582	189	316	416	318	180	295
Ohio	360	293	16,254	18,620	36	29	90	117	44	108
Ind.	217	222	8,004	7,530	16	19	74	39	54	31
Ill.	1,295	782	15,992	20,839	7	48	106	99	-	75
Mich.	297	400	16,292	13,586	47	30	69	63	43	44
Wis.	113	97	7,592	9,007	83	190	77	N	39	37
W.N. CENTRAL	575	619	22,095	23,542	132	92	398	309	311	350
Minn.	102	114	4,284	4,782	21	13	100	97	95	121
Iowa	59	56	3,024	2,696	40	32	119	64	76	49
Mo.	284	293	7,583	8,503	18	15	93	25	64	38
N. Dak.	2	4	352	573	7	12	8	8	15	11
S. Dak.	4	13	1,093	980	9	5	25	32	19	41
Nebr.	38	43	2,155	2,130	32	13	36	63	32	83
Kans.	86	96	3,604	3,878	5	2	17	20	10	7
S. ATLANTIC	6,331	7,700	81,277	88,588	199	202	192	173	137	122
Del.	111	96	1,833	1,722	4	-	-	6	-	3
Md.	710	885	8,119	8,296	9	11	13	11	1	-
D.C.	448	276	2,036	N	8	6	-	-	U	U
Va.	418	499	9,983	9,185	5	11	37	44	31	38
W. Va.	39	40	1,177	1,142	3	-	10	8	5	4
N.C.	394	486	14,050	14,443	16	5	38	36	41	43
S.C.	509	703	7,534	11,604	-	-	14	16	12	13
Ga.	704	1,088	16,244	22,146	83	95	32	17	22	1
Fla.	2,998	3,627	20,301	20,050	71	74	48	35	25	20
E.S. CENTRAL	1,128	1,302	29,721	29,139	35	17	78	83	56	62
Ky.	128	173	5,008	4,765	5	5	24	20	20	15
Tenn.	461	512	8,963	8,936	9	6	34	38	29	28
Ala.	304	334	9,521	7,841	11	4	5	17	3	16
Miss.	235	283	6,229	7,597	10	2	15	8	4	3
W.S. CENTRAL	2,418	3,124	60,662	57,963	44	48	117	60	153	76
Ark.	112	121	3,089	3,704	5	-	47	9	30	7
La.	381	542	11,843	10,268	8	21	4	9	33	11
Okla.	182	94	4,527	5,290	4	4	10	14	7	11
Tex.	1,743	2,367	41,203	38,701	27	23	56	28	83	47
MOUNTAIN	862	1,065	23,713	21,849	53	53	258	140	128	112
Mont.	9	5	960	975	8	8	24	8	-	-
Idaho	16	15	1,169	1,101	3	3	37	15	-	10
Wyo.	7	7	447	467	4	-	11	7	2	9
Colo.	199	196	7,103	4,813	16	6	99	51	61	35
N. Mex.	88	65	2,970	3,240	5	21	13	6	9	3
Ariz.	265	516	7,421	7,938	4	10	36	19	26	14
Utah	90	102	1,412	1,321	10	N	33	22	30	29
Nev.	188	159	2,231	1,994	3	5	6	12	-	12
PACIFIC	3,251	3,718	67,341	69,752	154	234	360	165	168	176
Wash.	301	213	7,797	7,507	N	N	115	55	97	73
Oreg.	106	118	3,161	3,939	9	79	57	36	63	37
Calif.	2,749	3,314	53,303	55,091	145	155	161	65	-	59
Alaska	12	13	1,484	1,187	-	-	19	-	1	-
Hawaii	83	60	1,596	2,028	-	-	8	9	7	7
Guam	14	11	-	298	-	-	N	N	U	U
P.R.	710	824	846	U	-	-	4	5	U	U
V.I.	24	18	-	U	-	U	-	U	U	U
Amer. Samoa	-	-	-	U	-	U	-	U	U	U
C.N.M.I.	-	-	-	U	-	U	-	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

† Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update July 30, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	205,895	224,374	1,932	1,679	508	565	6,182	8,678
NEW ENGLAND	3,821	4,096	29	13	24	35	1,365	2,831
Maine	49	38	2	2	2	3	-	22
N.H.	66	68	-	-	2	3	35	4
Vt.	41	34	3	5	3	8	8	9
Mass.	1,659	1,602	20	3	9	12	515	592
R.I.	379	378	4	3	3	3	213	264
Conn.	1,627	1,976	-	-	5	6	594	1,940
MID. ATLANTIC	20,161	25,043	410	83	101	131	3,689	4,244
Upstate N.Y.	4,064	3,907	44	39	39	33	1,858	2,208
N.Y. City	5,609	8,327	-	-	-	17	7	109
N.J.	3,793	4,778	343	-	6	11	872	1,010
Pa.	6,695	8,031	23	44	56	70	952	917
E.N. CENTRAL	38,485	43,336	156	586	136	172	235	477
Ohio	9,802	11,118	7	1	59	53	56	29
Ind.	3,716	4,064	1	1	30	23	16	11
Ill.	10,580	14,375	10	37	8	23	11	17
Mich.	11,234	9,802	138	531	26	42	-	11
Wis.	3,153	3,977	-	16	13	31	152	409
W.N. CENTRAL	9,741	10,257	436	135	41	33	145	160
Minn.	1,713	1,770	5	4	3	4	75	75
Iowa	644	665	1	-	10	9	15	20
Mo.	4,778	5,026	418	129	22	14	39	45
N. Dak.	15	58	-	-	-	-	-	1
S. Dak.	175	106	-	-	2	2	-	-
Nebr.	823	972	3	2	1	4	1	9
Kans.	1,593	1,660	9	-	3	-	15	10
S. ATLANTIC	60,510	65,535	81	109	106	75	621	771
Del.	1,052	1,067	-	-	5	9	101	49
Md.	5,519	6,150	13	17	39	14	356	577
D.C.	1,591	2,373	2	-	-	1	2	3
Va.	6,280	6,158	3	10	14	17	86	66
W. Va.	366	382	12	13	N	N	21	14
N.C.	11,455	12,632	13	28	9	13	31	48
S.C.	9,837	7,773	1	15	4	7	3	4
Ga.	10,325	14,743	2	1	6	-	-	-
Fla.	14,085	14,257	35	25	29	14	21	10
E.S. CENTRAL	21,479	23,257	284	190	18	34	25	66
Ky.	2,169	2,105	25	12	9	13	4	10
Tenn.	7,049	7,208	62	69	7	16	18	37
Ala.	7,415	7,099	7	1	2	3	3	16
Miss.	4,846	6,845	190	108	-	2	-	3
W.S. CENTRAL	31,602	32,837	293	317	12	5	13	32
Ark.	1,642	1,870	9	18	-	1	4	4
La.	8,571	8,071	180	218	8	2	1	5
Okla.	1,968	2,627	6	13	2	2	-	4
Tex.	19,421	20,269	98	68	2	-	8	19
MOUNTAIN	6,165	5,986	125	121	24	30	11	11
Mont.	28	26	4	4	1	-	-	-
Idaho	57	52	3	6	4	-	2	1
Wyo.	33	15	72	35	1	-	1	3
Colo.	1,932	1,509	16	21	8	8	5	2
N. Mex.	632	629	11	21	1	1	-	1
Ariz.	2,495	2,830	13	21	5	5	-	-
Utah	147	123	1	5	4	10	1	2
Nev.	841	802	5	8	-	6	2	2
PACIFIC	13,931	14,027	118	125	46	50	78	86
Wash.	1,371	1,288	19	12	15	10	3	4
Oreg.	426	555	21	12	N	N	4	9
Calif.	11,715	11,707	76	101	31	39	70	73
Alaska	197	195	-	-	-	1	1	-
Hawaii	222	282	2	-	-	-	N	N
Guam	-	38	-	1	-	-	-	-
P.R.	362	214	1	-	1	-	N	N
V.I.	-	U	-	U	-	U	-	U
Amer. Samoa	-	U	-	U	-	U	-	U
C.N.M.I.	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	664	866	3,575	4,085	19,853	22,110	14,746	20,419
NEW ENGLAND	35	31	455	538	1,270	1,362	1,236	1,408
Maine	4	2	90	100	89	87	68	73
N.H.	1	2	9	30	86	84	82	89
Vt.	2	3	40	69	77	55	68	50
Mass.	10	13	154	120	722	757	677	768
R.I.	5	3	33	65	65	64	89	105
Conn.	13	8	129	154	231	315	252	323
MID. ATLANTIC	123	239	689	759	2,442	2,933	2,548	3,039
Upstate N.Y.	43	45	479	542	709	725	753	784
N.Y. City	45	127	U	U	586	903	602	899
N.J.	16	41	104	118	548	607	393	682
Pa.	19	26	106	99	599	698	800	674
E.N. CENTRAL	67	104	84	86	2,711	3,275	1,552	2,899
Ohio	14	16	25	24	696	727	453	639
Ind.	4	10	-	-	348	304	322	294
Ill.	22	45	14	5	763	1,071	1	1,015
Mich.	21	26	40	42	559	616	553	618
Wis.	6	7	5	15	345	557	223	333
W.N. CENTRAL	33	46	369	498	1,420	1,419	1,469	1,570
Minn.	13	20	59	72	313	376	413	488
Iowa	1	11	53	82	243	158	185	146
Mo.	6	11	28	18	460	450	536	548
N. Dak.	2	-	94	104	34	32	56	46
S. Dak.	-	-	59	137	56	69	60	87
Nebr.	5	-	1	3	94	120	44	109
Kans.	6	4	75	82	220	214	175	146
S. ATLANTIC	189	216	1,442	1,331	4,392	4,608	2,818	3,853
Del.	3	1	31	32	71	91	80	103
Md.	66	67	263	261	510	524	462	528
D.C.	12	13	-	-	35	55	U	U
Va.	35	48	359	338	558	802	458	720
W. Va.	2	1	80	77	102	107	79	104
N.C.	15	13	366	279	584	685	509	792
S.C.	1	7	88	102	432	309	327	266
Ga.	4	21	157	124	752	681	807	972
Fla.	51	45	98	118	1,348	1,354	96	368
E.S. CENTRAL	24	19	124	192	1,195	1,187	839	881
Ky.	7	6	16	29	223	252	160	176
Tenn.	6	7	69	69	334	306	371	366
Ala.	10	5	39	94	339	341	267	280
Miss.	1	1	-	-	299	288	41	59
W.S. CENTRAL	8	14	62	306	1,620	1,959	2,321	1,647
Ark.	2	2	20	14	382	276	329	120
La.	2	10	-	-	110	431	345	371
Okla.	4	2	42	72	250	242	164	195
Tex.	-	-	-	220	878	1,010	1,483	961
MOUNTAIN	32	27	165	130	1,745	1,890	1,191	1,701
Mont.	1	4	47	44	69	38	-	1
Idaho	2	3	8	-	85	64	-	63
Wyo.	-	1	36	32	42	32	14	35
Colo.	17	11	-	1	485	507	451	497
N. Mex.	-	2	14	6	148	267	135	217
Ariz.	5	2	50	41	435	539	398	494
Utah	3	3	8	4	308	325	193	345
Nev.	4	1	2	2	173	118	-	49
PACIFIC	153	170	185	245	3,058	3,477	772	3,421
Wash.	15	14	-	-	316	409	376	559
Oreg.	27	15	5	1	201	308	253	338
Calif.	108	129	159	237	2,371	2,474	-	2,303
Alaska	-	1	21	7	38	33	23	18
Hawaii	3	11	-	-	132	253	120	203
Guam	-	-	-	-	-	28	U	U
P.R.	-	-	47	53	182	361	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	U	-	U	-	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

Reporting Area	Shigellosis* NETSS Cum. 2000	Shigellosis* NETSS Cum. 1999	Shigellosis* PHLIS Cum. 2000	Shigellosis* PHLIS Cum. 1999	Syphilis (Primary & Secondary) Cum. 2000	Syphilis (Primary & Secondary) Cum. 1999	Tuberculosis Cum. 2000	Tuberculosis Cum. 1999
UNITED STATES	11,483	9,276	6,007	5,549	3,696	4,260	7,259	9,850
NEW ENGLAND	232	404	216	389	55	38	248	266
Maine	6	4	12	-	1	-	9	12
N.H.	4	9	7	10	1	1	7	6
Vt.	3	4	-	3	-	3	2	1
Mass.	163	331	137	318	37	21	151	150
R.I.	19	15	20	12	4	1	24	27
Conn.	37	41	40	46	12	12	55	70
MID. ATLANTIC	1,366	606	821	440	181	192	1,460	1,635
Upstate N.Y.	511	161	166	40	8	15	163	205
N.Y. City	551	208	378	146	82	82	819	840
N.J.	185	144	135	147	34	45	342	344
Pa.	119	93	142	107	57	50	136	246
E.N. CENTRAL	2,470	1,744	700	940	702	754	783	966
Ohio	207	305	96	89	52	62	178	143
Ind.	1,041	145	110	50	256	253	53	78
Ill.	588	705	2	543	179	284	383	481
Mich.	486	245	452	201	182	129	114	199
Wis.	148	344	40	57	33	26	55	65
W.N. CENTRAL	1,369	781	1,074	539	41	95	290	307
Minn.	359	155	438	182	4	9	96	122
Iowa	350	15	217	20	10	8	25	29
Mo.	455	515	325	262	22	62	114	109
N. Dak.	4	2	11	2	-	-	2	2
S. Dak.	4	10	3	6	-	-	13	9
Nebr.	65	50	9	36	2	6	11	12
Kans.	132	34	71	31	3	10	29	24
S. ATLANTIC	1,776	1,478	494	360	1,241	1,417	1,534	1,981
Del.	11	10	10	5	5	6	-	21
Md.	127	97	62	29	179	258	160	171
D.C.	34	38	U	U	32	34	15	35
Va.	287	73	193	41	85	110	152	149
W. Va.	3	7	3	3	2	3	21	32
N.C.	103	136	52	63	337	331	196	288
S.C.	84	82	61	42	129	181	64	194
Ga.	153	135	51	56	233	275	335	387
Fla.	974	900	62	122	239	219	591	704
E.S. CENTRAL	547	837	323	525	554	737	457	626
Ky.	158	173	51	120	58	68	68	109
Tenn.	242	519	246	357	340	410	205	207
Ala.	34	76	23	43	77	148	184	192
Miss.	113	69	3	5	79	111	-	118
W.S. CENTRAL	1,244	1,567	1,665	667	520	663	738	1,407
Ark.	142	56	44	20	57	39	121	108
La.	80	132	115	66	141	192	73	99
Okla.	78	395	26	123	83	132	80	104
Tex.	944	984	1,480	458	239	300	464	1,096
MOUNTAIN	657	515	323	350	143	147	299	337
Mont.	6	7	-	-	-	-	10	10
Idaho	40	15	-	7	1	1	5	12
Wyo.	2	2	2	1	1	-	2	1
Colo.	112	91	66	71	3	1	41	46
N. Mex.	82	66	48	50	19	6	29	41
Ariz.	274	254	165	177	114	133	137	139
Utah	49	37	42	38	1	2	30	26
Nev.	92	43	-	6	4	4	45	62
PACIFIC	1,822	1,344	391	1,339	259	217	1,450	2,325
Wash.	336	64	300	66	47	46	166	148
Oreg.	112	49	68	48	4	4	18	67
Calif.	1,340	1,206	-	1,201	207	165	1,119	1,960
Alaska	8	-	3	-	-	1	80	39
Hawaii	26	25	20	24	1	1	87	111
Guam	-	11	U	U	-	-	-	47
P.R.	3	100	U	U	82	106	-	126
V.I.	-	U	U	U	-	U	-	U
Amer. Samoa	-	U	U	U	-	U	-	U
C.N.M.I.	-	U	U	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

*Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	766	785	7,003	10,381	4,225	4,387	1	43	-	17	60	65
NEW ENGLAND	53	58	196	177	42	98	-	2	-	4	6	10
Maine	1	5	13	5	5	1	-	-	-	-	-	-
N.H.	11	11	17	10	11	10	-	2	-	1	3	1
Vt.	4	5	7	6	6	2	-	-	-	3	3	-
Mass.	24	23	75	71	7	33	-	-	-	-	-	7
R.I.	1	1	15	13	13	22	-	-	-	-	-	-
Conn.	12	13	69	72	-	30	-	-	-	-	-	2
MID. ATLANTIC	127	139	695	750	609	561	-	13	-	5	18	5
Upstate N.Y.	66	58	137	164	89	127	-	8	-	-	8	2
N.Y. City	27	42	220	218	275	171	-	5	-	4	9	3
N.J.	26	36	104	92	83	80	-	-	-	-	-	-
Pa.	8	3	234	276	162	183	-	-	-	1	1	-
E.N. CENTRAL	109	135	865	1,968	459	459	-	7	-	-	7	2
Ohio	40	44	177	441	74	62	-	2	-	-	2	-
Ind.	22	20	51	71	30	31	-	-	-	-	-	1
Ill.	40	59	323	452	81	40	-	4	-	-	4	-
Mich.	7	10	301	952	273	301	-	1	-	-	1	1
Wis.	-	2	13	52	1	25	U	-	U	-	-	-
W.N. CENTRAL	41	42	624	479	554	177	1	2	-	1	3	-
Minn.	22	24	153	45	23	30	-	-	-	1	1	-
Iowa	-	1	58	90	28	27	1	2	-	-	2	-
Mo.	11	5	317	287	460	101	-	-	-	-	-	-
N. Dak.	1	-	2	1	2	-	-	-	-	-	-	-
S. Dak.	-	2	-	8	-	1	-	-	-	-	-	-
Nebr.	4	4	21	37	23	14	-	-	-	-	-	-
Kans.	3	6	73	11	18	4	-	-	-	-	-	-
S. ATLANTIC	207	175	873	1,164	777	689	-	3	-	-	3	4
Del.	-	-	-	2	-	1	-	-	-	-	-	-
Md.	54	47	124	213	79	100	-	-	-	-	-	-
D.C.	-	4	15	37	19	14	-	-	-	-	-	-
Va.	31	13	96	102	95	59	-	2	-	-	2	3
W. Va.	5	6	47	27	7	17	-	-	-	-	-	-
N.C.	19	28	103	99	157	147	-	-	-	-	-	-
S.C.	11	3	36	27	7	52	-	-	-	-	-	-
Ga.	53	49	145	316	122	96	-	-	-	-	-	-
Fla.	34	25	308	341	291	203	-	1	-	-	1	1
E.S. CENTRAL	35	47	271	281	300	313	-	-	-	-	-	2
Ky.	12	6	31	53	53	30	-	-	-	-	-	2
Tenn.	16	25	102	112	144	159	-	-	-	-	-	-
Ala.	6	14	44	38	35	58	-	-	-	-	-	-
Miss.	1	2	94	78	68	66	-	-	-	-	-	-
W.S. CENTRAL	40	46	1,147	2,027	412	759	-	-	-	-	-	7
Ark.	1	2	100	29	66	50	-	-	-	-	-	-
La.	7	11	28	150	52	128	-	-	-	-	-	-
Okla.	30	31	181	370	100	96	-	-	-	-	-	-
Tex.	2	4	838	1,478	194	485	-	-	-	-	-	7
MOUNTAIN	76	64	597	851	326	399	-	11	-	1	12	1
Mont.	1	1	4	16	4	16	-	-	-	-	-	-
Idaho	3	1	19	30	6	21	-	-	-	-	-	-
Wyo.	1	1	10	4	3	9	-	-	-	-	-	-
Colo.	11	11	135	156	58	64	-	1	-	1	2	-
N. Mex.	16	17	51	33	81	130	-	-	-	-	-	-
Ariz.	36	28	298	492	129	98	-	-	-	-	-	1
Utah	7	3	39	33	16	24	-	3	-	-	3	-
Nev.	1	2	41	87	29	37	-	7	-	-	7	-
PACIFIC	78	77	1,735	2,684	746	932	-	5	-	6	11	34
Wash.	3	3	179	209	52	42	-	2	-	1	3	5
Oreg.	20	26	135	169	64	70	-	-	-	-	-	12
Calif.	28	39	1,409	2,285	616	797	-	2	-	3	5	16
Alaska	6	5	9	5	8	13	-	1	-	-	1	-
Hawaii	21	4	3	16	6	10	-	-	-	2	2	1
Guam	-	-	-	1	-	2	U	-	U	-	-	1
P.R.	1	2	73	210	82	148	U	-	U	-	-	-
V.I.	-	U	-	U	-	U	U	-	U	-	-	U
Amer. Samoa	-	U	-	U	-	U	U	-	U	-	-	U
C.N.M.I.	-	U	-	U	-	U	U	-	U	-	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
†Of 155 cases among children aged <5 years, serotype was reported for 67 and of those, 18 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	1,421	1,659	7	230	245	112	3,481	3,779	10	110	218
NEW ENGLAND	85	77	1	3	6	3	835	444	-	11	7
Maine	8	5	-	-	-	-	14	-	-	-	-
N.H.	9	11	-	-	1	1	79	70	-	2	-
Vt.	2	4	-	-	1	-	162	35	-	-	-
Mass.	51	41	-	-	4	-	533	307	-	8	7
R.I.	6	4	-	1	-	-	12	20	-	-	-
Conn.	9	12	1	2	-	2	35	12	-	1	-
MID. ATLANTIC	136	158	-	14	33	24	312	650	-	9	27
Upstate N.Y.	45	43	-	6	6	7	152	526	-	2	17
N.Y. City	30	46	-	4	9	-	42	30	-	7	4
N.J.	27	36	-	-	1	-	-	17	-	-	3
Pa.	34	33	-	4	17	17	118	77	-	-	3
E.N. CENTRAL	244	293	-	25	33	18	391	347	-	1	2
Ohio	60	107	-	7	11	6	205	148	-	-	-
Ind.	35	38	-	-	3	10	52	37	-	-	1
Ill.	63	78	-	6	9	2	40	67	-	1	1
Mich.	66	44	-	12	8	-	45	31	-	-	-
Wis.	20	26	U	-	2	U	49	64	U	-	-
W.N. CENTRAL	119	163	2	16	9	20	245	184	-	-	123
Minn.	14	36	-	-	1	19	144	63	-	-	5
Iowa	21	29	1	6	4	1	32	32	-	-	29
Mo.	69	59	-	5	1	-	36	42	-	-	2
N. Dak.	2	3	-	-	-	-	2	4	-	-	-
S. Dak.	5	10	-	-	-	-	3	5	-	-	-
Nebr.	3	9	1	3	-	-	5	2	-	-	87
Kans.	5	17	-	2	3	-	23	36	-	-	-
S. ATLANTIC	233	275	1	36	37	9	293	260	10	61	31
Del.	-	7	-	-	-	-	8	4	-	-	-
Md.	22	42	1	8	3	4	73	84	-	-	1
D.C.	-	3	-	-	2	-	2	-	-	-	-
Va.	34	34	-	6	8	-	41	15	-	-	-
W. Va.	10	4	-	-	-	-	1	2	-	-	-
N.C.	31	32	-	5	8	1	69	66	10	52	30
S.C.	16	32	-	11	3	1	21	13	-	7	-
Ga.	37	49	-	2	3	-	25	25	-	-	-
Fla.	83	72	-	4	10	3	53	51	-	2	-
E.S. CENTRAL	100	118	-	6	10	3	68	67	-	5	2
Ky.	21	23	-	-	-	-	28	20	-	1	-
Tenn.	41	46	-	2	-	3	25	27	-	1	-
Ala.	28	30	-	2	7	-	14	17	-	3	2
Miss.	10	19	-	2	3	-	1	3	-	-	-
W.S. CENTRAL	103	179	1	23	31	7	178	125	-	4	6
Ark.	12	31	-	2	-	-	26	16	-	-	-
La.	28	53	-	3	7	-	3	9	-	-	-
Okla.	22	26	-	-	1	-	6	13	-	-	-
Tex.	41	69	1	18	23	7	143	87	-	4	6
MOUNTAIN	97	100	-	15	10	10	480	457	-	2	16
Mont.	4	2	-	1	-	1	24	2	-	-	-
Idaho	6	8	-	-	1	1	46	113	-	-	-
Wyo.	-	3	-	1	-	-	2	2	-	-	-
Colo.	27	27	-	1	3	7	263	175	-	1	1
N. Mex.	7	13	-	1	N	-	72	55	-	-	-
Ariz.	43	29	-	3	-	-	49	61	-	1	13
Utah	7	12	-	4	3	1	15	46	-	-	1
Nev.	3	6	-	4	3	-	9	3	-	-	1
PACIFIC	304	296	2	92	76	18	679	1,245	-	17	4
Wash.	37	51	-	5	2	8	216	538	-	7	-
Oreg.	45	55	N	N	N	-	79	26	-	-	-
Calif.	209	178	2	72	62	10	343	649	-	10	4
Alaska	5	6	-	7	1	-	19	4	-	-	-
Hawaii	8	6	-	8	11	-	22	28	-	-	-
Guam	-	1	U	-	1	U	-	1	U	-	-
P.R.	5	9	U	-	-	U	1	17	U	-	-
V.I.	-	U	U	-	U	U	-	U	U	-	U
Amer. Samoa	-	U	U	-	U	U	-	U	U	-	U
C.N.M.I.	-	U	U	-	U	U	-	U	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

TABLE IV. Deaths in 122 U.S. cities,* week ending August 19, 2000 (33rd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	65	45-64	25-44	1-24	<1	
NEW ENGLAND	467	315	91	40	5	16	36
Boston, Mass.	135	86	30	12	1	6	5
Bridgeport, Conn.	19	12	6	1	-	-	-
Cambridge, Mass.	12	9	1	1	-	1	-
Fall River, Mass.	24	16	4	3	-	1	2
Hartford, Conn.	45	28	9	3	3	2	4
Lowell, Mass.	17	13	2	2	-	-	1
Lynn, Mass.	7	7	-	-	-	-	1
New Bedford, Mass.	26	22	3	1	-	-	4
New Haven, Conn.	39	22	10	7	-	-	4
Providence, R.I.	30	16	10	2	-	2	3
Somerville, Mass.	2	2	-	-	-	-	-
Springfield, Mass.	34	24	3	4	1	2	6
Waterbury, Conn.	29	23	4	2	-	-	4
Worcester, Mass.	48	35	9	2	-	2	2
MID. ATLANTIC	2,123	1,469	426	143	40	45	80
Albany, N.Y.	56	38	11	3	1	3	2
Allentown, Pa.	U	U	U	U	U	U	U
Buffalo, N.Y.	87	54	27	3	1	2	6
Camden, N.J.	17	7	9	-	-	1	-
Elizabeth, N.J.	25	19	-	2	2	2	1
Erie, Pa.§	40	37	2	-	-	1	5
Jersey City, N.J.	39	28	4	4	1	2	-
New York City, N.Y.	1,063	728	219	82	16	18	29
Newark, N.J.	34	18	10	5	1	-	1
Paterson, N.J.	15	8	6	1	-	-	-
Philadelphia, Pa.	352	225	78	29	13	7	9
Pittsburgh, Pa.§	47	31	9	3	1	3	4
Reading, Pa.	19	18	1	-	-	-	1
Rochester, N.Y.	149	116	22	6	2	3	7
Schenectady, N.Y.	24	17	6	1	-	-	-
Scranton, Pa.§	35	30	4	-	1	-	3
Syracuse, N.Y.	84	66	12	3	1	2	9
Trenton, N.J.	17	12	3	1	-	1	3
Utica, N.Y.	20	17	3	-	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,922	1,289	379	149	55	49	104
Akron, Ohio	49	32	11	2	2	2	3
Canton, Ohio	34	22	9	3	-	-	2
Chicago, Ill.	348	204	85	33	14	11	28
Cincinnati, Ohio	108	74	18	10	4	2	7
Cleveland, Ohio	145	90	30	12	4	9	3
Columbus, Ohio	177	124	34	13	1	5	5
Dayton, Ohio	104	76	19	6	2	1	5
Detroit, Mich.	175	105	34	23	10	3	7
Evansville, Ind.	45	31	10	3	1	-	5
Fort Wayne, Ind.	51	35	10	4	1	1	-
Gary, Ind.	11	2	5	2	1	1	-
Grand Rapids, Mich.	71	53	12	2	1	3	8
Indianapolis, Ind.	151	104	33	7	3	4	11
Lansing, Mich.	39	30	5	3	-	1	5
Milwaukee, Wis.	118	83	18	10	5	2	-
Peoria, Ill.	58	47	7	1	3	-	4
Rockford, Ill.	44	30	9	2	-	3	3
South Bend, Ind.	51	35	11	4	-	1	-
Toledo, Ohio	88	68	11	8	1	-	8
Youngstown, Ohio	55	44	8	1	2	-	-
W.N. CENTRAL	692	465	144	45	17	21	53
Des Moines, Iowa	28	20	6	-	2	-	3
Duluth, Minn.	36	29	4	3	-	-	4
Kansas City, Kans.	30	16	12	1	1	-	3
Kansas City, Mo.	96	59	23	8	2	4	3
Lincoln, Nebr.	36	24	10	1	-	1	2
Minneapolis, Minn.	137	93	24	12	5	3	14
Omaha, Nebr.	84	65	10	6	1	2	12
St. Louis, Mo.	115	66	27	10	4	8	4
St. Paul, Minn.	52	38	10	1	1	2	5
Wichita, Kans.	78	55	18	3	1	1	3
S. ATLANTIC	1,120	719	243	115	23	19	71
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	250	138	67	33	10	2	21
Charlotte, N.C.	129	78	31	12	2	5	5
Jacksonville, Fla.	129	80	26	19	4	-	7
Miami, Fla.	97	73	17	4	1	2	13
Norfolk, Va.	36	21	8	3	2	2	2
Richmond, Va.	52	36	11	5	-	-	3
Savannah, Ga.	48	41	2	3	-	2	4
St. Petersburg, Fla.	61	49	9	2	1	-	2
Tampa, Fla.	195	135	43	13	-	4	10
Washington, D.C.	100	55	27	13	3	2	4
Wilmington, Del.	23	13	2	8	-	-	-
E.S. CENTRAL	759	490	157	63	29	20	54
Birmingham, Ala.	142	96	34	6	2	4	9
Chattanooga, Tenn.	74	50	12	5	5	2	4
Knoxville, Tenn.	63	46	10	5	2	-	-
Lexington, Ky.	72	43	14	10	2	3	9
Memphis, Tenn.	178	109	40	12	11	6	11
Mobile, Ala.	42	27	8	7	-	-	2
Montgomery, Ala.	60	41	11	5	3	-	7
Nashville, Tenn.	128	78	28	13	4	5	12
W.S. CENTRAL	1,548	990	311	146	56	44	102
Austin, Tex.	88	55	17	10	3	3	5
Baton Rouge, La.	48	33	11	3	1	-	1
Corpus Christi, Tex.	64	42	12	5	3	2	6
Dallas, Tex.	194	109	45	14	11	15	6
El Paso, Tex.	63	41	13	5	2	2	2
Ft. Worth, Tex.	137	97	22	10	7	1	13
Houston, Tex.	431	261	92	59	11	8	24
Little Rock, Ark.	63	45	12	3	2	1	3
New Orleans, La.	65	27	16	9	8	4	21
San Antonio, Tex.	212	151	36	15	5	5	14
Shreveport, La.	54	38	8	6	1	1	3
Tulsa, Okla.	129	91	27	7	2	2	4
MOUNTAIN	858	554	174	78	31	21	50
Albuquerque, N.M.	93	55	21	13	1	3	6
Boise, Idaho	31	24	3	2	1	1	1
Colo. Springs, Colo.	58	37	13	6	2	-	-
Denver, Colo.	108	72	14	13	2	7	9
Las Vegas, Nev.	159	100	42	10	4	3	4
Ogden, Utah	31	25	3	2	1	-	1
Phoenix, Ariz.	141	86	31	13	8	3	10
Pueblo, Colo.	20	16	3	1	-	-	3
Salt Lake City, Utah	91	58	16	7	5	3	7
Tucson, Ariz.	126	81	26	11	7	1	9
PACIFIC	1,513	1,043	301	102	41	26	121
Berkeley, Calif.	12	11	1	-	-	-	2
Fresno, Calif.	94	65	21	4	3	1	3
Glendale, Calif.	16	14	2	-	-	-	-
Honolulu, Hawaii	64	44	12	6	1	1	2
Long Beach, Calif.	62	44	10	6	2	-	4
Los Angeles, Calif.	348	242	67	24	8	7	34
Pasadena, Calif.	34	20	8	2	2	2	6
Portland, Oreg.	141	103	24	8	2	4	1
Sacramento, Calif.	166	114	36	12	2	3	14
San Diego, Calif.	153	106	25	14	7	1	17
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	153	105	32	8	5	3	18
Santa Cruz, Calif.	24	16	6	2	-	-	2
Seattle, Wash.	121	74	28	8	7	4	9
Spokane, Wash.	40	25	13	1	1	-	4
Tacoma, Wash.	85	60	17	7	1	-	5
TOTAL	11,002¶	7,334	2,226	881	297	261	671

U: Unavailable. -:No reported cases.

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

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